

## MEDICAL AFFIDAVIT

State of \_\_\_\_\_ County of \_\_\_\_\_

Personally appeared before me, the undersigned officer, duly authorized to Administer oaths, \_\_\_\_\_ (Doctor) who, under oath states as follows:

1.) Patient, \_\_\_\_\_, is currently being treated by me for \_\_\_\_\_. In my opinion, said patient is permanently disabled and should not be considered for jury service, now or in the future.

2.) Patient, \_\_\_\_\_, is currently being treated by me for \_\_\_\_\_. The expected recovery time is \_\_\_\_\_ (days, weeks, etc.), and he/she should be considered for jury service at that time.

PRINTED NAME OF PHYSICIAN \_\_\_\_\_

PHYSICIAN'S SIGNATURE: \_\_\_\_\_

PHYSICIAN'S PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Sworn to and subscribed before me

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

NOTARY PUBLIC, \_\_\_\_\_

County \_\_\_\_\_

My Commission expires: \_\_\_\_\_

Date summoned for jury duty: \_\_\_\_\_